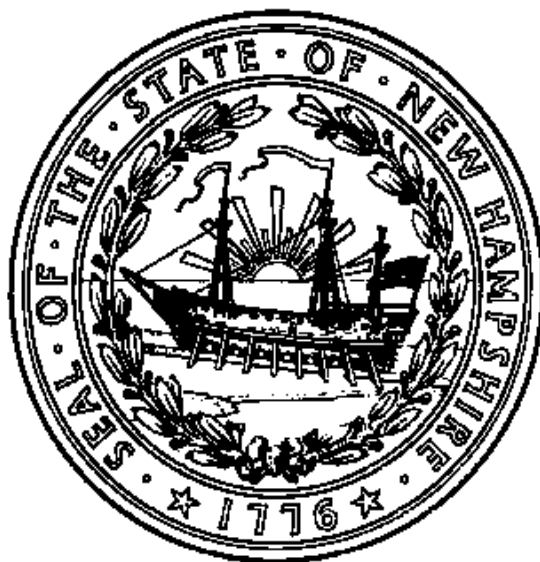


# **STATE OF NEW HAMPSHIRE**



## **DEPARTMENT OF JUSTICE**

**KELLY A. AYOTTE  
ATTORNEY GENERAL**

### **ELECTRONIC ADDENDUM\* TO SUBGRANT APPLICATION KIT**

**(\*REQUIRES SUBMISSION OF SIGNATURE DOCUMENTS FROM PRIMARY  
APPLICATION)**

**THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF JUSTICE  
GRANTS MANAGEMENT UNIT**

**MISSION STATEMENT**

The Grants Management Unit of the Department of Justice exists to make a difference in the lives of the citizens of New Hampshire by ensuring the proper use of federal funds for criminal justice purposes. The Grants Management Unit does this through:

- \* the professional administration of grant resources;
- \* the adherence to all underlying federal and state requirements;
- \* the coordination of federal criminal justice resources available to the state; and
- \* efficient service and assistance.

Telephone: 271-8090; E-mail: [timothy.brackett@doj.nh.gov](mailto:timothy.brackett@doj.nh.gov) ; Website: <http://www.doj.nh.gov>

**State of New Hampshire  
Department of justice**

**Project Narrative**

**[Please Note: For all text entry fields, ensure that all of your entered text is visible within the text entry box on the screen, otherwise that text will not be visible when this document is printed. If additional space is needed, please add supplemental pages using the outline found below.]**

**1. Problem Statement (30 Points)**

## **2. Project/Program Description Design and Implementation (35 Points)**

### **3.Sustainability and Evaluation Plan (5 Points)**

# APPENDIX A

**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF JUSTICE**  
**FORMULA E-GRANT APPLICATION**  
**ELECTRONIC COVER PAGE**

a) Program Title:

b) Grant Starting Date:

c) Ending Date:

d) Program Implementation Date:

e) Federal Funds Requested \$

f) Agency Name:

g) Chief Elected Official/Head of Agency\*

Name:

Title:

Address:

Telephone:

Fax:

E-mail:

h) Project Director

Name:

Title:

Address:

Telephone:

Fax:

E-mail:

i) Financial Officer

Name:

Title:

Address:

Telephone:

Fax:

E-mail:

**(\*all grant-related documents will be sent to the head of agency unless head of agency requests that they be sent to the project director.)**

# APPENDIX B



# New Hampshire Department of Justice

## Budget Detail Worksheet (20 Points)

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**Purpose:** The Budget Detail Worksheet may be used as a guide to assist you in the preparation of the budget and budget narrative. You may submit the budget and budget narrative using this form or in the format of your choice (plain sheets, your own form, or a variation of this form). However, all required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be deleted.

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**A. Personnel** - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

<u>Name/Position</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
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SUB-TOTAL \_\_\_\_\_

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**B. Fringe Benefits** - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation. Individual fringe benefits must be listed by amount and percentage.

<u>Name/Position</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
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SUB-TOTAL \_\_\_\_\_

Total Personnel & Fringe Benefits \_\_\_\_\_

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**C. Travel** - Itemize travel expenses of project personnel by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.). Show the basis of computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

<u>Purpose of Travel</u>	<u>Location</u>	<u>Item</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
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TOTAL\_\_\_\_\_

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**D. Equipment** - List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Expendable items should be included either in the "supplies" category or in the "Other" category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

<u>Item</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
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TOTAL\_\_\_\_\_

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**E. Supplies** - List items by type (office supplies, postage, training materials, copying paper, and expendable equipment items costing less than \$5,000, such as books, hand held tape recorders) and show the basis for computation. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Generally, supplies include any materials that are expendable or consumed during the course of the project.

<u>Supply Items</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
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TOTAL\_\_\_\_\_

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**F. Construction** - As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Check with the program office before budgeting funds in this category.

<b>Purpose</b>	<b>Description of Work</b>	<b>Federal</b>	<b>Match</b>
<b>Program category Not Approved By NH Department of Justice</b>			

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**TOTAL**\_\_\_\_\_

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**G. Consultants/Contracts** - Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisition Regulations are followed.

**Consultant Fees:** For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$450 per day require additional justification and prior approval from OJP.

<b>Name of Consultant</b>	<b>Service Provided</b>	<b>Computation</b>	<b>Federal</b>	<b>Match</b>
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*Subtotal*\_\_\_\_\_

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultants in addition to their fees (i.e., travel, meals, lodging, etc.)

<b>Item</b>	<b>Location</b>	<b>Computation</b>	<b>Federal</b>	<b>Match</b>
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*Subtotal*\_\_\_\_\_

**Contracts:** Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

<b>Item</b>	<b>Federal</b>	<b>Match</b>
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*Subtotal*\_\_\_\_\_

**TOTAL**\_\_\_\_\_

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**H. Other Costs** - List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent.

<u>Description</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
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TOTAL \_\_\_\_\_

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**I. Indirect Costs** - Indirect costs are allowed only if the applicant has a Federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

<u>Description</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
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TOTAL \_\_\_\_\_

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**Budget Summary**- When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal (match) funds that will support the project.

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<b>Budget Category Amount</b>	<b>Federal</b>	<b>Match</b>
<b>A. Personnel</b>	_____	_____
<b>B. Fringe Benefits</b>	_____	_____
<b>C. Travel</b>	_____	_____
<b>D. Equipment</b>	_____	_____
<b>E. Supplies</b>	_____	_____
<b>F. Construction</b>	_____	_____
<b>G. Consultants/Contracts</b>	_____	_____
<b>H. Other</b>	_____	_____
<b>Total Direct Costs</b>	_____	_____
<b>I. Indirect Costs</b>	_____	_____
<b>TOTAL PROJECT COSTS</b>	_____	_____

**Federal Request** \_\_\_\_\_

**Non-Federal Match Amount** \_\_\_\_\_

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# New Hampshire Department of Justice

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BUDGET NARRATIVE: (10 Points)

## **Instructions for Using this Addendum**

This application addendum is intended to be used in conjunction with the program guidance and application kit that corresponds to the grant program you are applying for. This addendum will help you complete the application cover page, budget detail sheets, budget narrative, and in some cases the application narrative, on your computer, then print and return them, along with the required signature documents included in the application kit and program guidance, to our office. Due to limitations with the standard Adobe Acrobat reader, the completed documents are not designed to be saved. You must ensure that your application is completed and printed before exiting this electronic application addendum.

This addendum is generic to all application kits, thus may not exactly match the application kit and guidance you have received. The guidance included in the program application kit must be followed when completing this addendum. Where appropriate, you may complete the program narrative portion in another application, provided that the format shown in the program guidance is adhered to. Applicants may not modify the budget detail sheets or application cover page format.

A supplemental budget detail sheet has been included in this electronic document for those instances where there is insufficient space, on the standard budget detail sheet, to list all items being requested. To use the supplemental sheet, simply place the letter and description, of the budget category in question, in the "Item" box on the supplemental sheet, then list each item as you would on the standard budget detail sheet.

You will also see that this generic budget detail sheet includes a match column. If the program guidance for the program you are applying does not list a match requirement, then you need not complete the match column.

Please contact the program manager listed in the application kit and program guidance with any questions you may have on the grant program itself. You may contact me with any technical questions you have regarding this addendum. You may reach me at (603) 271-8090 or [timothy.brackett@doj.nh.gov](mailto:timothy.brackett@doj.nh.gov)